



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **24485** | Service: **DTV** | Call **KGEB** | Channel:  
ID: | Sign:  
**12 (High VHF)** | File **0000029080**  
Number:  
FRN: **0008120529** | Date **01/26**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>UNIVERSITY BROADCASTING, INC.</b> Doing Business As: KGEB	Bill Lee 7777 SOUTH LEWIS AVENUE TULSA, OK 74171 United States	+1 (918) 488-5300	blee@oru. edu	Corporation

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Joseph C. Chautin III</b> <i>Hardy, Carey, Chautin &amp; Balkin</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com

## Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Remove old Analog ant., waveguide, TX, strobe light from Analog antenna, replace with new VHF Antenna ,Strobe light, and TX line. Remove old Analog TX, plate supply, BP filter; set new VHF Transmitter, TX Room only shared with KWHB- Separate UHF-antenna.

## Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Add Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	NV-7250
	Year	2002
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	3.45 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THV9
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	3.9 kW
	Justification for New Transmitter	Cannot re- tune Rohde & Schwarz UHF Transmitter to VHF. Can't build out on 14 due to Land Mobile issues, so FCC granted CP Mod on Ch. 12 instead. Current Rohde & Schwarz UHF Transmitter is no longer supported.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
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<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	50.0 kW

Manufacturer	
Model	SWEDT160M /49
Year	2002



Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	75.0 kW
	Manufacturer	

Model	THV-7A12-R O4
Year	2018
Justification for New Antenna	Can't re-tune UHF Channel 49 antenna to VHF Channel 12.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Mounting bracket for top mount antenna	Top Mount antenna needs a bracket to mount the antenna to a 4 foot thick concrete & steel shear wall.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary**      **Add Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	75 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	200 feet per run
	Justification for New Transmission Line	Can't use existing line as it will be in use during testing time, as well as not in the location needed to mount the VHF Ch. 12 antenna.

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Tower Equipment And Rigging Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Located on Building
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1013337
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	36° 02' 35.0" N-
	Longitude (NAD83)	095° 57' 12.0" W-
	Overall Structure Height	699.14 feet
	Support Structure Height	662.07 feet

	Ground Elevation Above Mean Sea Level (AMSL)	623.68 feet
	Structure Type	BANT - Building with an Antenna
	Tower Owner	ORAL ROBERTS UNIVERSITY
	Date Constructed	08/01/1995

### Primary Tower

#### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

### Primary Tower

#### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Located on Building
Helicopter Services Required	Are helicopter services required?	Yes

### Primary Tower

#### Other Tower Expenses Not Listed

Name	Description
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<b>Remove Ch. 49 Antenna</b>	After transition to Ch. 12 need to remove Ch. 49 antenna and transmission line. along with waveguide from Analog antenna being removed to allow new VHF Antenna installation mount new LED Strobe on new VHF 12 antenna
<b>Remove Analog 53 antenna</b>	Need to remove Analog 53 Antenna and undocumented mount to make room for Ch. 12 antenna, replace strobe light.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	48
	Explanation	Planning/ CP Transition Pre-Planning, Planning and Construction, then commissioning after construction.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	Information not provided.

Cost  
Information

Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THV9	\$313,250.00	\$257,129.00		\$0.00	
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	Run circuits for THV-9 transmitter, dummy load, etc	N/A	N/A
Transformer 3 phase/480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	\$0.00	N/A
High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	\$249,500.00	\$196,529.00	N/A	N/A	N/A
Sub-total	\$313,250.00	\$257,129.00	N/A	\$0.00	N/A
Total for all systems	\$1,546,274.00	\$892,168.37	N/A	\$7,700.00	N/A

Components

Information not provided.

Cost  
Information

Antennas

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna THV-7A12-R O4	\$407,730.00	\$212,224.28		\$0.00	
Mounting bracket for top mount antenna	<i>\$7,500.00</i>	\$7,500.00	ANSI Certified mounting bracket for Top Mounted Antenna to Concrete reinforced Shear wall. Current Mount from 1995 does not meet current standards Awaiting final engineering design to verify cost estimate by GTI..	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High-VHF, One station antenna -- top mount, elliptically or circularly polarized	\$393,500.00	\$198,324.28	N/A	N/A	N/A
Sub-total	\$407,730.00	\$212,224.28	N/A	\$0.00	N/A

<b>Total for all systems</b>	\$1,546,274.00	\$892,168.37	N/A	\$7,700.00	N/A
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### Components

Information not provided.



Cost  
Information

Transmission Line

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$11,800.00	\$10,100.09		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$11,800.00	\$10,100.09	N/A	N/A	N/A
Sub-total	\$11,800.00	\$10,100.09	N/A	\$0.00	N/A
Total for all systems	\$1,546,274.00	\$892,168.37	N/A	\$7,700.00	N/A

Components

Information not provided.

Cost  
Information

Tower Equipment and Rigging Costs

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower BANT	\$647,050.00	\$264,750.00		\$0.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$15,000.00	Mounting Bracket Design for top mount antenna to attach to 4 foot thick Concrete & Rebar Shear wall. Site survey to verify mount design / attachment requirements to Shear wall. Engineering study of shear wall.	N/A	N/A

Tower Helicopter Lift	<b>\$126,075.00</b>	\$126,075.00	Remove old Antenna Ch. 53 Analog, Prep wall for new TIAA/ ANSI compliant antenna mount. Hang and rig new VHF Ch. 12 Digital Antenna with new strobe , Lift old TX Heat ex.Lift new TX Heat ex. Run 3" Heliac from transmitter room to new Ch. 12 antenna.	N/A	N/A
Remove Analog 53 antenna	<b>\$2,400.00</b>	\$2,400.00	Removal of Analog antenna incorporated in Helicopter lift quote.	N/A	N/A
Remove Ch. 49 Antenna	<b>\$71,275.00</b>	\$71,275.00	Remove DT- 49 antenna after sign off, remove Heliac line and cover Heliac line hole in steel cover, clean up roof top.	N/A	N/A

Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$50,000.00	X-Ray analysis of 4 foot thick Shear Wall, concrete core drilling for attachment. Site Survey of roof shear Wall by antenna installation company to verify path of transmission line to new antenna mount location.	N/A	N/A
<b>Sub-total</b>	\$647,050.00	\$264,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,546,274.00	\$892,168.37	N/A	\$7,700.00	N/A

## Components

Information not provided.

Cost  
Information

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$139,864.00	\$121,950.00		\$7,700.00	
RF Exposure Measurements	\$21,050.00	\$10,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	Needed STA due to inability to construct on UHF 14 due to Land Mobile Interference issues. Needed STA to allow time to prepare CP Major Mod for move to VHF Ch. 12	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$6,500.00	N/A	\$6,500.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$7,584.00	\$7,200.00	N/A	\$1,200.00	N/A
<b>Sub-total</b>	\$139,864.00	\$121,950.00	N/A	\$7,700.00	N/A
<b>Total for all systems</b>	\$1,546,274.00	\$892,168.37	N/A	\$7,700.00	N/A

## Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="713 100 1023 757"> <p><b>Component Description:</b></p> </td><td data-bbox="1027 100 1428 757"> <p>Eng. study work for new ch14 assign ant development. Conduct a search of the VHF and UHF bands to determine the availability of an alternate channel. Prepare early transition waiver supporting statement. Prep app for ch. 12.</p> </td></tr> <tr> <td data-bbox="713 763 1023 869"> <p><b>Amount:</b></p> </td><td data-bbox="1027 763 1428 869"> <p>\$5,500.00</p> </td></tr> <tr> <td data-bbox="713 898 1023 1070"> <p><b>Component Description:</b></p> </td><td data-bbox="1027 898 1428 1070"> <p>Study potential for KGEB to operate on VHF Channel 12</p> </td></tr> <tr> <td data-bbox="713 1077 1023 1160"> <p><b>Amount:</b></p> </td><td data-bbox="1027 1077 1428 1160"> <p>\$1,000.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Eng. study work for new ch14 assign ant development. Conduct a search of the VHF and UHF bands to determine the availability of an alternate channel. Prepare early transition waiver supporting statement. Prep app for ch. 12.</p>	<p><b>Amount:</b></p>	<p>\$5,500.00</p>	<p><b>Component Description:</b></p>	<p>Study potential for KGEB to operate on VHF Channel 12</p>	<p><b>Amount:</b></p>	<p>\$1,000.00</p>
<p><b>Component Description:</b></p>	<p>Eng. study work for new ch14 assign ant development. Conduct a search of the VHF and UHF bands to determine the availability of an alternate channel. Prepare early transition waiver supporting statement. Prep app for ch. 12.</p>								
<p><b>Amount:</b></p>	<p>\$5,500.00</p>								
<p><b>Component Description:</b></p>	<p>Study potential for KGEB to operate on VHF Channel 12</p>								
<p><b>Amount:</b></p>	<p>\$1,000.00</p>								
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>								
<p>Prepare and or review reimbursement form</p>	<p>Information not provided.</p>								
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="713 1435 1023 1630"> <p><b>Component Description:</b></p> </td><td data-bbox="1027 1435 1428 1630"> <p>Planning CP Site visit - Transition Preplanning</p> </td></tr> <tr> <td data-bbox="713 1637 1023 1722"> <p><b>Amount:</b></p> </td><td data-bbox="1027 1637 1428 1722"> <p>\$1,200.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Planning CP Site visit - Transition Preplanning</p>	<p><b>Amount:</b></p>	<p>\$1,200.00</p>				
<p><b>Component Description:</b></p>	<p>Planning CP Site visit - Transition Preplanning</p>								
<p><b>Amount:</b></p>	<p>\$1,200.00</p>								



## Cost Information

### Other Expenses

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$26,580.00</b>	<b>\$26,015.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	postage and certified letters to MVPD for channel change.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$500.00</i>	\$500.00	Voice over talent fees for MVPD spots	N/A	N/A
Equipment Storage	<i>\$3,000.00</i>	\$3,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	Estimate to deliver transmitter, antenna, transmission line, and antenna mount	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	Disposal of analog I transmitter, bandpass filter, to facilitate installation in transmitter room	N/A	N/A

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	STA # 0000024881 / Document # PGC2960746 - filed due to inability to construct on assigned Channel 14 due to Land Mobile interference issues on tower.	\$0.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Local Zoning	<b>\$500.00</b>	\$500.00	estimated cost for zoning permits	N/A	N/A
<b>Sub-total</b>	\$26,580.00	\$26,015.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,546,274.00	\$892,168.37	N/A	\$7,700.00	N/A

## Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$1,546,274.00	\$892,168.37
			\$7,700.00

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Hugh Mills</b> <i>President</i></p> <p>01/26/2018</p>

## Attachments